**★ March 2005** 

## CHAPTER 3 ANNEX 2

## SAMPLE 60 DAY DELINQUENCY MEMORANDUM

<u> </u>	OF BILL BEBUNGENCT WEWORKINDOW
MEMORANDUM FOR (NAME OF CA	RDHOLDER'S IMMEDIATE SUPERVISOR)
SUBJECT: Delinquent Government Tra	vel Charge Card Payment Notification - 60 Days
The total amount due is \$	e General Services Administration government travel card contractor that holder's name) is over 60 days delinquent in payment of his/her account.  The account is subject to a \$29 late fee at the point the account becomes the fees for every subsequent billing cycle until the debt is resolved.
(Provide the specific information	n regarding the delinquent charges.)
should be notified of this action and coutemporary duty more than 45 days are retheir travel card account in a current state for all outstanding charges on the travel obligations have been met. If bargaining	ntract requires that all outstanding charges be paid by the date specified on ontractor has suspended card privileges for this cardholder. The cardholder unseled concerning the use of the government travel card. Cardholders on equired to submit travel vouchers for payment every 30 days and maintain tus. The Department's policy requires mandatory use of split disbursement card for military personnel and civilian personnel where labor bargaining g for civilians has not been completed, travel vouchers that do not reflect a the DD Form 1351-2 ("Travel Voucher or Subvoucher") will result in g split disbursed by default.
Non-compliance, or failure to disciplinary action in accordance with a Multi-Unit Master Agreement for bargain	adhere to the guidelines for the government travel card, may result in oplicable statutory, regulatory, or contractual provisions and applicable the ing unit employees.
(APC); or (3) an agreed upon repayment to the travel card contractor at the number	be resolved by one of the following actions: (1) payment in full; and submitted to the contractor through the Agency Program Coordinator schedule with the travel card contractor. Billing questions may be directed er printed on the billing statement for that purpose. Program management (APC's name) at telephone number
Please have the cardholder sign with your written response, outlining the	to acknowledge receipt of this delinquent notification and return it to me actions taken, within 5 business days.
cc: Cardholder	(Signature) Agency Program Coordinator
Cardholder acknowledgement of memorar	ndum receipt.
Name, Grade, Organization	Date